

BEGINNER'S DRAWING/PAINTING CLASSES



AGES 8 & UP

This class helps build self esteem as you take pride in the works of art you create. It helps to develop problem-solving skills, especially when faced with three dimensional problems such as sculpting. Students will improve their sensory awareness and improve their manual dexterity. Skills of basic drawing and painting with acrylics will be taught.

When: Friday's, beginning October 5, 2012 (4 weeks)
OR
Friday's, beginning November 2, 2012 (4 weeks)

Where: The Rocky Mount Center for the Arts

Time: 4:00pm-6:00pm

Cost: \$100.00 per student

Deadline to Register: Friday, September 28, 2012

To register: Fill out the back of this form, mail form and payment to:

Franklin County Parks & Recreation
2150 Sontag Road
Rocky Mount, VA 24151

Please call Carolyn Rogers, instructor, at
540-483-1317 for more information.



**Franklin County Parks and Recreation Registration and Liability
Waiver Form – 2012 Beginner’s Drawing/Painting Classes**

Name _____ **Age** _____

Mailing Address _____ **DOB** _____

City _____ **Zip** _____

Guardian’s Email Address _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

PLEASE CIRCLE: **OCTOBER CLASSES** **NOVEMBER CLASSES**

I understand the importance of following all rules and regulations relating to this activity, including the instructions of the person/or persons supervising this activity and/or the requirements of the person or entity responsible for the area where the activity is to take place. I agree to follow and comply with all such rules, regulations, instructions, and/or requirements.

I understand that it is important that I be in good physical condition when I agree in the activity, and understand that it is my responsibility to maintain an activity level that is compatible with my physical condition and skill level.

I hereby expressly assume the risk of any physical injury or other loss that I might sustain as the result of participating in this activity and any transportation related thereto. I further understand that there may be risk of injury in traveling to and from the area where the activity will take place.

I also expressly waive and covenant not to sue on any claim I might have against the County of Franklin, or any officer or employee of the County, or any volunteer, or the estate or representatives of such persons for any personal injury or loss that I might sustain as the result of engaging in any activity relating to this program whether caused by negligence, breach of contract, or otherwise: except that this waiver shall not apply to any claim I might have against the County (or its agents) for any such personal injury or loss I might sustain arising out of gross or wanton negligence of any such person or entity. **I also give permission to be photographed and used in any form of publication to promote Franklin County Parks and Recreation.**

Signature of Parent / Guardian _____
(if participant is under 18 years of age)

I have the following physical impairments or medical conditions, including allergic reactions:

Current medications that participant is taking now:

Name of Emergency Contact: _____

Emergency Contact Phone Number:
